



CALIFORNIA DEPARTMENT OF
Mental Health

County/State Claims Payment Processing Improvement Task Force

**Charter
May 2008**

Task Force Charter

County-State Claims Payment Processing Improvement Task Force

Introduction	<p>The full name of this task force is “County/State Claims Payment Processing Improvement Task Force.”</p> <p>The DMH formally proposed this task force in December 2007 and the California Mental Health Directors Association (CMHDA) agreed to co-chair in January 2008. Membership is drawn from a broad range of organizations including the CMHDA, individual counties, APS Healthcare, and the California Department of Health Care Services (DHCS). The purpose of this workgroup is to develop ways to improve the county and state claims payment processing systems. This task force will monitor and assist in the implementation of DMH corrective actions in response to OSAE’s report, “Review of Claims Processes for the California Department of Mental Health’s Short-Doyle/Medi-Cal Programs.” The Task Force will focus specifically on the OSAE issues/recommendations listed below in the scope.</p>
Mission/Goal	Improve Specialty Mental Health claims payment processing and services between the Counties and the State.
Guiding Principles	<ul style="list-style-type: none"> • Collaborative work among professionals from various State, County, and Provider organizations can lead to the improvement of claims filing and reimbursement issues. • Reform efforts will be focused on simplification of claims processing and accountability of payments. • The Task Force will use data and evaluations of systems to make business decisions. • Communication among participants will be a priority and an important tool for successful implementation of reforms. • Transparency of activities, strategic direction, accomplishments, and challenges to control agencies and stakeholders is valued.
Task Force Objectives	<ul style="list-style-type: none"> • Evaluate the methods, tools, and systems surrounding the current claims filing and reimbursement processes between the counties and the State. • Recommend new methods, tools, and systems to improve the claims filing and reimbursement processes between the counties and the State. • Monitor changes being made, particularly DMH’s corrective actions in response to the OSAE claims review. • Counties and CMHDA will evaluate current systems and operations locally to enhance performance and services. • Ensure that information regarding DMH changes is distributed throughout the counties and state agencies affected. • Utilize research, data, and evaluations of external quality review organizations/experts.

Task Force Objectives (continued)	<ul style="list-style-type: none"> • Identify County claims processing best practices (IT systems, management, training, disallowed claims, trends, etc.) to support improved State claims administration. • Propose training and/or education tools necessary to improve provider-county-state-federal claims processes. • Determine Task Force membership to potentially include the entire claims processing stream.
Workgroup Organization	<p>The Executive Sponsor for this task force is:</p> <ul style="list-style-type: none"> • Elaine Bush, Chief Deputy Director, DMH <p>The Co-chairs for this task force are:</p> <ul style="list-style-type: none"> • Sean Tracy, Project Manager - Director's Office, DMH • Don Kingdon, CMHDA <p>The Coordinator for this task force is:</p> <ul style="list-style-type: none"> • Catherine Hendon, Analyst – Director's Office, DMH
Deliverables	<ul style="list-style-type: none"> • Corrective Action Plan in response to OSAE recommendations 4-9. • OSAE monthly update report on corrective action status. • Monthly updates to CMHDA Financial Services and IT committee. • Development of communication plan for reform effort. • Establishment of improved customer service systems and communications. • Special reports as determined by Task Force members.
Scope Inclusions	<p>The Task Force will focus their efforts on OSAE Observations 4-9 from their review as follows:</p> <ol style="list-style-type: none"> 4. HIPAA translator at risk <ul style="list-style-type: none"> • DHCS Short-Doyle/Medi-Cal II Project prioritization • Ensure that all MHPs are HIPAA compliant • National Provider Identifier number needed 5. Claims processing flawed <ul style="list-style-type: none"> • SGF and FFP repair bifurcation of payments into one • Reimbursement calculation process automation • Invoice process—eliminate DMH process 6. Accounting system timely and accurate information <ul style="list-style-type: none"> • Establish subsidiary ledgers • Appropriation balance monitoring • Disallowed claims, audits, cost-settlement, overpay adjustments as accounts receivable • CMS—FFP fund—remittance procedures • Automated/searchable claims tracking function

Scope Inclusions (continued)	<ol style="list-style-type: none"> 7. FFP billing errors <ul style="list-style-type: none"> • Eliminate DMH credit memo process • IT solution that will separate EPSDT and benefit services at beginning of claims payment process • Program Cost Account for EPSDT 8. Claims processing timelines <ul style="list-style-type: none"> • Meet State and Federal standards and law • Performance benchmarks 9. Timeliness of cost settlements and audits <ul style="list-style-type: none"> • Good cause claims adjusted at audit, not through cost settlement • Cost report risk analysis for MHPs • DMH audit MHP internal oversight procedures • Final Cost Reports timeliness—December 31st cutoff • Cost Reports audits within 3 years of MHP report (currently up to 5 years) • DMH risk analysis of MHP Cost Reports
Stakeholders	<ul style="list-style-type: none"> • APS Healthcare (External Quality Review Organization; EQRO) • CA Department of Alcohol and Drug Programs (ADP) • CA Department of Finance (DOF), Office of State Audits and Evaluations (OSAE) • CA Department of Health Care Services (DHCS) • CA Department of Mental Health (DMH) • CA Health and Human Services Agency (CHHS) • CA Mental Health Directors Association (CMHDA) • External Workgroup – Medi-Cal Mental Health Services Workgroup • Federal Center for Medicare and Medicaid Services (CMS) • Mental Health Service Providers • State Controller’s Office (SCO) • State Legislature
Authority	<p>The Co-chairs will:</p> <ul style="list-style-type: none"> • Represent the Executive Sponsor and facilitate meetings • Represent the Workgroup to the Executive Sponsor • Represent the Workgroup to partners • Represent the Workgroup to external stakeholders • Have workgroup management decision-making authority • Ensure Members have information to perform services • Recruit specific issue teams if necessary • Create document and communications management systems • Based on annual evaluation, determine if discontinuation of task Force is needed. • Upon completion of Task Force objectives, disband Task Force.

<i>Member Roles and Responsibilities</i>	<p>The Workgroup is responsible for providing the deliverables specified in this Charter. As such, Members are expected to:</p> <ul style="list-style-type: none"> • Participate fully in meetings scheduled every two weeks • Read and consider materials to prepare for Workgroup Meetings • Complete assignments or service agreements • Designate alternatives (in case of absence) • Demonstrate through actions, support for OSAE reviews • Provide expertise, guidance, and organizational information • Bring issues and information that impact the Workgroup to the table • Work in a collaborative, constructive, and thoughtful manner • Invest resources and deliver solutions to the 2008 Corrective Action Plan based on OSAE review and Control Self-Assessment. • Inform members of any administrative, legal, regulatory, political, or program issues that can support or detract from the Task Force mission and successes.
<i>Workgroup Management</i>	<ul style="list-style-type: none"> • The details of the project management process are to be defined by the Co-chairs. Members will identify business needs, documentations, and processes that will support the task force's success. • The Task force will conduct annual sunset evaluations to determine progress, obstacles, value, and purpose of task force.
<i>Communication Plan</i>	<ul style="list-style-type: none"> • Task Force meetings will be held every two weeks at a location and time to be determined by co-chairs. • DMH Monthly OSAE corrective action plan reports. • Task Force will construct and maintain a web page. • Selected communications to control agencies and stakeholders. • The Task Force co-chairs and coordinator will make every effort to inform and communicate with other initiatives, workgroups, committees, and focus groups impacting the Specialty Mental Health claims payment processing system.

Task Force Roster		
Members	Organization	Title
	ADP	
Acob, Marcelo	DMH - Administration & Fiscal Services	Medi-Cal Customer Service Unit
Baler, Sheila	APS Healthcare	Executive Director
Barteaux, Maria	San Francisco County	
Bell, Yvette	DMH - Director's Office	Staff Services Analyst
Black, Norm	DMH - Legal Services	Assistant Chief Counsel
Cabrera, Sophie	DMH - Medi-Cal Policy	Benefits Program Manager

Task Force Roster		
Carrillo, Claudette	Orange County	
Casteneda, Caroline	DMH - Medi-Cal Policy	Operations Manager
Collier, Fei	DHCS—ITSD Application Support Branch	Chief
Fermin, Virgilio	Orange County	
Frediani, Leda	Alameda County	Financial Services Officer
Geiss, Mike	DMH - Community Services Division – MHSA	Medi-Cal Customer Service Unit
Gilb, Sara-Jane	DMH - Community Services Division	Research Program Specialist
Glaviano, Marjorie	DMH - Community Services Division – County Support	Chief, County Contracts and Technical Assistance
Henderson, Duane	Butte County	IT Coordinator
Hendon, Catherine	DMH- Director's Office	Staff Services Analyst
Hill, Walter	DMH - Program Compliance	Chief Auditor
Ives, Rollin	DMH – Program Compliance	Deputy Director
Khalsa, Gurubanda Singh	Los Angeles County	Chief Financial Officer
Kokkos-Gonzales, Dina	DHCS -Waiver Unit	Assistant Chief
Liddicoat, Marilyn	DMH – Administrative and Fiscal Services	Chief, Cost Reporting
Lorrells, Leslie	Orange County	
Markell, Harriet	CA Council of Community Mental Health Agencies	
Massey, Carol	Kern County	
McCabe, Rita	DMH – Community Services Division	Chief, Medi-Cal and Health Care Benefits
Murillo, Sara	DMH-Accounting	Accounting Chief
Michaels, Carolyn	DMH - Program Compliance	Chief, Medi-Cal Oversight Licensing and Certification
Nguyen, Mike	DHCS	Acting CIO
Nichols, Scott	San Bernardino County	
Nottke, Jeffrey	Orange County	Operations Manager
O'Neill, Bob	DHCS	Office of HIPAA Compliance
Oprendeck, Stephanie	DMH	Chief, Research and Evaluation
Petrowski, Dale	Merced County	
Pye, Larry	San Francisco County	
Reiter, Michael	APS Healthcare	
Robertson, Karen	Merced County	
Rodriguez, Cynthia	DMH – Legal Services	Chief Counsel
Ryser, Vonnie	DMH – Office of HIPAA Compliance	Manager

Task Force Roster

Tavano, Suzanne	Contra Costa County	Deputy Director of Mental Health
Tracy, Sean	DMH – Director's Office	Special Projects Manager
Ullom, Bill	APS Healthcare	
White, Irv	DHCS—Waiver Unit	Division Chief
Wilner, Amy	Butte County	Admin. Assistant Director

Charter Acceptance

Executive Sponsor	Elaine Bush , Chief Deputy Director, DMH
Date:	Signature:

Document Control

Revision # / Date	Revision Description
1.00 / March 11, 2008	Catherine Hendon formed 1 st draft of charter.
2.00 / May 5, 2008	Catherine Hendon reviewed and edited 1 st draft of charter, sent to Sean Tracy for review.
3.00 / May 6, 2008	Sean Tracy reviews and edits charter.
4.00 / May 12, 2008	Task Force reviews charter and makes recommendations.